

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | HC       |        | 06-25-01 |
| O.I.P.E. CLASSIFIER       | ma       |        | 7/6/01   |
| FORMALITY REVIEW          | JAP      | 190    | 8-11-01  |
| RESPONSE FORMALITY REVIEW |          |        |          |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

| Claim | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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